

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10574835

FILING DATE

01 MAR 2007

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3	/		/			
4	/		/			
5	/		/			
6	5		0			
7	5		/			
8	0		/			
9	0		/			
10	0		/			
11	0		R			
12	0		0			
13	0		/			
14	0		/			
15	0		/			
16	1		/			
17	1		/			
18	1		/			
19	1		/			
20	/		/			
21	/		/			
22	/		/			
23	/		/			
24	8		R			
25	8		R			
26	0		R			
27	0		R			
28	0		R			
29	0		R			
30	0		R			
31	8		R			
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50						
TOTAL IND.	3		6			
TOTAL DEP.	51	◀	36	◀		◀
TOTAL CLAIMS	54		42			

	AS FILED		AFTER 1 <sup>st</sup> AMENDMENT		AFTER 2 <sup>nd</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						